

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-585,889

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	①			1		
5	①	①		1		
6	①	①		1		
7	①	①		1		
8	①			1		
9	①	①	 			
10	①					
11	①	①	 			
12	①					
13	①	①		1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	15	←	11	←		←
TOTAL CLAIMS	16		12			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						